

Letters to the Editor

Sex Differences in Cardiovascular Disease Mortality

Nikiforov and Mamaev note that excess cardiovascular disease mortality for men relative to women has existed in the United States since only the 1920s.¹ The authors review and reject several candidate explanations for the excess, which affects only the middle age groups,^{1(p1349)} concluding, "It is likely that the main cause of this phenomenon is not presently known."^{1(p1352)}

Psychosocial factors are increasingly implicated as independent risk factors for mortality.² Bellah and colleagues reported on the American character in an intensive interview study of 200 US citizens. The authors used the term "expressive individualism" to describe the excessively individualistic and self-absorbed nature of most Americans compared with people connected to more traditional community values.³ Thoresen and Powell related this narcissistically focused individualism to coronary risk and to using hostility and chronic anger as ways of coping.⁴

Cultural changes toward self-absorption coinciding with the emergence of male excess cardiovascular disease were noted in studies of American success literature by Covey. Before World War I, personal success was viewed as being founded upon aspects of personal character such as integrity, justice, patience, and adherence to the Golden Rule, a viewpoint Covey calls the "character ethic." After the war, much success literature became

superficial . . . filled with social band-aids and aspirin that addressed acute problems and sometimes even appeared to solve them temporarily, but left the underlying chronic problems untouched to fester and resurface time and again. . . . Success became more a function of personality, of public image, of attitudes and behaviors, skills and techniques, that lubricate the process of human interaction.^{5(pp18-19)}

Covey calls this more individualistic viewpoint the "personality ethic."

We hypothesize that the stress of trying to live life according to the personality ethic may explain the trend of male excess cardiovascular disease in the United States. American wage work from 1920 to 1960 was predominantly male, giving men greater direct exposure to the stress of trying to live successful lives according to the personality ethic. The diversification of American images of success and the spread of wage work among middle-class women in the 1960s coincided with the stabilization of male excess cardiovascular disease.¹

We restrict our hypothesis to the United States because the mechanisms behind male excess cardiovascular disease in other countries depend upon those countries' collective cultural responses⁶ to industrialization and urbanization. Japan is less individualistic than the United States,⁷ but other stress-inducing factors,⁸ including men's long working hours,⁹ could contribute to the male excess cardiovascular disease mortality in Japan since World War II.^{10(p169)} □

Doug Oman, PhD
Carl E. Thoresen, PhD

At the time this letter was written, Doug Oman was with the School of Public Health at the University of California at Berkeley. Carl E. Thoresen is with the Departments of Education, Psychology, and Psychiatry, Stanford University, Stanford, Calif.

Requests for reprints should be sent to Doug Oman, PhD, Human Population Laboratory, 2151 Berkeley Way, Annex 2, Berkeley, CA 94704-1011. (e-mail: dougoman@post.harvard.edu).

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